

INCIDENT REPORT

NAME OF PERSON _____		DATE OF INCIDENT _____
LAST	FIRST	TIME OF INCIDENT _____ AM PM
REGION 1 2 3 4 5	REPORTING PROVIDER: _____	

SECTION 1 – DESCRIPTION OF INCIDENT

DESCRIBE WHAT HAPPENED: (who was involved, what happened before, during and after the incident, how long did it last, where did it happen)

ACTIONS TAKEN: _____

THIS INCIDENT WAS ☐ Witnessed or ☐ Discovered

NAME/TITLE OF REPORTER: _____

DATE: _____ **REPORTER CODE:** 1 Employee 2 Consumer 3 Family 4 TCM 5 DDP 6 Other _____
TIME: _____ **AM** **PM** **WITNESS NAMES:** _____ / _____ /

SECTION 2 – SUPERVISOR REVIEW

TYPE OF INCIDENT PRIMARY CODE <input type="checkbox"/> SECONDARY CODE <input type="checkbox"/> 1. Aspiration/Choking 2. Death 3. Discovery of Contraband 4. Hospitalization 5. Medication Error 6. Missing Person 7. Injury 8. Property Damage 9. Use of Mechanical Restraint 10. Use of Physical Restraint 11. Use of PRN Medication 12. Use of Exclusion Time Out 13. Use of Seclusion Time Out 14. Rights Violation 15. Seizure 16. Self Injurious Behavior (SIB) 17. Suicide Threat/Attempt 18. Ingestion of Harmful Substance 19. Law Enforcement Involvement ALLEGATIONS OF ABUSE: Abuse to Consumer 20. Abuse: Physical Injury 21. Abuse: Mental Injury 22. Abuse: Exploitation 23. Abuse: Neglect 24. Abuse: Sexual Abuse 25. Mistreatment Abuse by Consumer Codes: 26. Physical abuse by Consumer 27. Mental abuse by Consumer 28. Exploitation by Consumer 29. Neglect by Consumer 30. Sexual abuse by Consumer	CAUSE OF INCIDENT 0. Does Not Apply <table border="1" style="width:100%"><tr><td style="width:33%">PRIMARY CODE <input type="checkbox"/> CONSUMER ACTION: 1. Fall 2. Ingested 3. Medical Condition 4. Accident 5. Physical Aggression 6. Provoked 7. Seizure 8. Self-Injurious Behavior 9. Other</td><td style="width:33%">SECONDARY CODE <input type="checkbox"/> EMPLOYEE ACTION: Name: _____ 10. Accident 11. Suspected A/N/M 12. Other Employee Action OTHER CONSUMER ACTION: Initials: _____ 13. Accident 14. Physical Aggression 15. Provoked 16. Other</td><td style="width:33%">OTHER PERSON ACTION: NAME: _____ 17. Family Member 18. Individual in the Community 19. Visitor HAZARDOUS CONDITION OF ACTION PROPERTY 20. Equipment 21. Physical Environment 22. Unknown/Undetermined</td></tr></table> <table border="1" style="width:100%"><tr><td style="width:50%">PRIMARY LOCATION ADDRESS (Incident Location) <i>(Include City)</i> _____ _____ _____ _____ _____</td><td style="width:50%">SECONDARY LOCATION CODE <input type="checkbox"/> 1. Home – Inside – Bathroom 2. Home – Inside – Bedroom 3. Home – Inside – Hallway 4. Home – Inside – Kitchen/Dining 5. Home – Inside – Living Room 6. Home – Inside – Other 7. Home – Outside 8. Vehicle 9. Natural Home (Residence) 10. Natural Home (visit) 11. Day Program 12. Work 13. School 14. Community – Supervised 15. Community – Unsupervised 16. Unknown</td></tr></table>	PRIMARY CODE <input type="checkbox"/> CONSUMER ACTION: 1. Fall 2. Ingested 3. Medical Condition 4. Accident 5. Physical Aggression 6. Provoked 7. Seizure 8. Self-Injurious Behavior 9. Other	SECONDARY CODE <input type="checkbox"/> EMPLOYEE ACTION: Name: _____ 10. Accident 11. Suspected A/N/M 12. Other Employee Action OTHER CONSUMER ACTION: Initials: _____ 13. Accident 14. Physical Aggression 15. Provoked 16. Other	OTHER PERSON ACTION: NAME: _____ 17. Family Member 18. Individual in the Community 19. Visitor HAZARDOUS CONDITION OF ACTION PROPERTY 20. Equipment 21. Physical Environment 22. Unknown/Undetermined	PRIMARY LOCATION ADDRESS (Incident Location) <i>(Include City)</i> _____ _____ _____ _____ _____	SECONDARY LOCATION CODE <input type="checkbox"/> 1. Home – Inside – Bathroom 2. Home – Inside – Bedroom 3. Home – Inside – Hallway 4. Home – Inside – Kitchen/Dining 5. Home – Inside – Living Room 6. Home – Inside – Other 7. Home – Outside 8. Vehicle 9. Natural Home (Residence) 10. Natural Home (visit) 11. Day Program 12. Work 13. School 14. Community – Supervised 15. Community – Unsupervised 16. Unknown
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Incident Category: ☐ Internal ☐ Reportable ☐ Critical ☐ Elder Abuse Act – Attach IR Addendum

ACTIONS TAKEN: _____

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____ **TIME:** _____ **AM** **PM**